

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-021075

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 282 Primary Registration District No. \_\_\_\_\_ Registrar's No. 73

STATE FILE NUMBER

DO NOT WRITE ON THIS STUDY

AMENDED

VS 300  
Rev. 4/59

1 0840

2 0840

3

4 0

5 1

6

7 0

8 0

9 4500

10

11

12 70-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

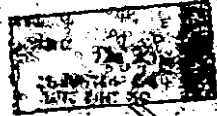
MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Looney Township</u>		c. CITY OR TOWN <u>Morrisville</u>	
Length of stay in 1b <u>10 years</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rural - Looney</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>RANSON</u> Last <u>SAWDEY</u>		4. DATE OF DEATH Month <u>5</u> Day <u>21</u> Year <u>63</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-1-1874</u>
9. AGE (last birthday) <u>89</u>		10. IF UNDER 1 YEAR: Months <u>89</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	
11. BIRTHPLACE (City and state or country) <u>Breene Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Elias B. Sawdey</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret E. Katy</u>	
14. NAME OF HUSBAND OR WIFE <u>Zorka Sawdey</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive heart failure</u> DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		17. INFORMANT <u>Zorka Sawdey</u> Address <u>Morrisville, Mo.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>8:05</u> a.m. <u>17-63</u> Month <u>Aug</u> Day <u>17</u> Year <u>63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Morrisville, Mo.</u>	
21. I attended the deceased from <u>Aug 1953</u> to <u>Aug 17-63</u> and last saw him alive on <u>Aug 17-63</u> Death occurred at <u>8:05</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>5-24-63</u>	
22a. SIGNATURE <u>H. Hamill M.D.</u> (Degree or title)		22b. ADDRESS <u>Morrisville, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL SPECIFY <u>Burial</u>	23b. DATE <u>5-24-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Slagle Cemetery</u>	23d. LOCATION (City, town, or county) <u>Polk County, Mo.</u>
24. FUNERAL DIRECTOR <u>Sidney J. Pitts</u> ADDRESS <u>Bohls, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>May 25, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Ralph Gorden per J. J.</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON



RECEIVED JUN 2 1963

0840  
0840

Permit renewed May 23, 1963  
84

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Larry R. Tillery  
Licensed Embalmer No. 5166

P. O. Address Bolivar, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.